

Serial No.:

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For:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATEN Docket No. P-856

Timothy J. Nichols ——) Group Art Unit: 2766
09/431,881) Examiner: Unknown/Unassigned
November 2, 1999))
Method And Apparatus To Secure Data Transfer From Medical Device Systems	
CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this TRANSMITTAL and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231 on this of	

INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents Washington D.C. 20231

Sir:

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with C.F.R. §§ 1.97 et. seq., the materials enclosed herewith are brought to the attention of the Examiner as possibly being of interest in connection with the above-identified patent application. Consideration of each of the documents listed on the attached Form 1449 is respectfully requested. Pursuant to the provisions of M.P.E.P. §609, Applicants further request that a copy of the Form 1449, marked as being considered and initialed by the Examiner, be returned with the next Official Communication.

Respectfully submitted,

Timothy J. Nichols et al. By His Representative,

Girma Wolde-Michael Attorney for Applicants

Registration No. 36,724

MEDTRONIC, INC. 7000 Central Avenue Northeast Minneapolis, Minnesota 55432 Telephone: (612) 514-6402

SP/2766

N THE UNITED STATES PATENT AND TRADEMARK OFFICE INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

In re Application To Secure Data Transfer From Medical Device Systems For: Method And Appa Serial No.: 09/431,881 Filed: November 2, 1999 CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this INFORMATION DISCLOSURE STATEMENT and the paper(s) described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Assistant Commissioner of Patents and Trademarks, Washington, D.C. 20231 on this 31 of January, 2000. Karen L. Hoffman Printed Name Assistant Commissioner of Patents and Trademarks Washington, D.C. 20231 Sir: We are transmitting herewith the attached: Transmittal mental Information Disclosure Statement PTO Form 1449 Cited References Return Postcard **FEE CALCULATION** \$ 00.00 Pursuant to 37 CFR §1.97(b) X \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification \$240.00 Pursuant to 37 CFR §1.97(c) with Certification \$130.00 Pursuant to 37 CFR \$4.07(t) without Certification \$130.00 Pursuant to 37 CFR §1.97(d) with Certification Applicant hereby petitions for a 0 months' extension of time. If an additional extension of time is required, please П consider this a petition therefor. Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor Х to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time. Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment X Transmittal with regard to this filing. A duplicate of this transmittal is enclosed. Wille Miland Girma Wolde-Michael Registration No. 36,724 MEDTRONIC, INC. 7000 Central Avenue N.E. Minneapolis, MN 55432

Telephone: (612) 514-6402